

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-876)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	OEP.	NO.	OEP.	NO.	OEP.
	NO.	OEP.	NO.	OEP.	NO.	OEP.						
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LEGAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
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